

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9352**  
Registrar's No. **2676**

FILED MAR 31 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2676**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Desloge Hospital</b>		. STREET ADDRESS (If rural, give location) <b>3214a Gustine</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nicholas F.</b> b. (Middle) c. (Last) <b>Bering</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24, 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 11, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk</b>	9. AGE (In years last birthday) <b>77</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Nicholas Bering</b>		13b. MOTHER'S MAIDEN NAME <b>Christine Unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Mayme Bering</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl F. Bering</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <b>3214 Gustine</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>	
ANTECEDENT CAUSES (b) <b>Anterior cecum + Hypertension</b>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>332X</b>	
22. I hereby certify that I attended the deceased from <b>Nov 25, 1954</b> , to <b>March 24, 1955</b> , that I last saw the deceased alive on <b>Mar 23, 1955</b> , and that death occurred at <b>11:52 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. Kleinschmidt M.D.</b>		23b. ADDRESS <b>508 St. Grand Ave</b>	23c. DATE SIGNED <b>3/24/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3-26-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAR 24 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	
		ADDRESS <b>622 S. Grand Blvd., St. Louis, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. C. KLEIN SCHMIDT  
508 N. GRAND

2 to 4 Thurs or Fri

Je 1-92.18

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed *David Van Fossan* .....

Licensed Embalmer No. *4342* .....

P. O. Address *6552 Pa* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.